

**WASHINGTON STATE DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
REQUIRED MONTHLY VACCINE ACCOUNTABILITY PROGRAM**



HEALTH DEPARTMENT					REPORTED BY			PHONE		MONTH \ YEAR	
VACCINE	A*		B*		SUBTOTAL A + B = Total doses available for the month)	C* Doses administered during month (DOH provided)	D* Doses returned to DOH	E* Doses issued out of your inventory to other providers	F* Doses wasted or expired	G* Doses on hand at end of Month (actual physical count)	Variance Net Doses Lost or Gained Enter (-) or (+) Figure Formula: A + B - C - D - E - F - G = Total
	Doses on hand at beginning of month by lot number (DOH provided)		State Supplied Doses Received During Month								
	Lot #	Doses	From DOH	From Other Sources							
DT											
DTaP											
Hepatitis A											
Hepatitis B											
Hib											
Influenza											
Influenza PF											
(Syringe)											
IPV											
MMR											
PCV7											
(Conjugate)											
Pneumococcal											
(Poly)											
Td											
Varicella											

Explanation of all doses lost or gained in "VARIANCE" section above:

Certification -

This is to certify that the above is an accurate accounting of biologicals received from the Washington State Department of Health during the reporting period.

(Signature of person responsible for vaccine management)

(Date)

**SUBMIT REPORT BY THE 15TH OF THE MONTH TO: DOH-IMMUNIZATION PROGRAM
7745 - C ARAB DR SE
OLYMPIA, WA 98504-7845**

**INCLUDES INFORMATION ON
VACCINES PROVIDED
BY DOH ONLY**

MONTHLY VACCINE ACCOUNTABILITY REPORT INSTRUCTIONS

A. Doses on Hand at the Beginning of the Month (DOH provided)

Enter vaccine inventory at the beginning of the month. The beginning inventory should be the same as the previous month's reported ending inventory.

B. Doses received during the month from DOH

Enter the total doses of state-supplied vaccine received during the month.

Doses of state-supplied vaccine received during the month from Other Sources

Enter the total doses of state-supplied vaccine received during the month.

SUBTOTAL Total Doses Available

Add A+ B. Enter total. Represents total number of doses of state-supplied vaccines available during the month.

C. Doses Administered During the Month (DOH provided)

Enter the total number of doses of state-supplied vaccine administered by public providers (see "total" column on the Public Provider Doses Administered Report). Do not include doses administered by private providers.

D. Doses Returned to DOH

Enter the total number of doses of viable vaccine returned to the DOH Immunization Program. Do not include expired or spoiled vaccine.

E. Doses issued out of your inventory to other providers

Enter the total number of doses of state-supplied vaccine distributed to other providers during the month. Do not include vaccine not supplied by DOH.

F. Doses spoiled or expired

Enter the number of doses of state-supplied vaccine which were wasted, spoiled or out dated during the month.

G. Doses on hand at End of Month (Actual Physical Count)

Enter the number of doses of state-supplied vaccine on hand at the end of the month. Do not include vaccine not supplied by DOH.

VARIANCE Net Doses Lost or Gained {Enter (-) or (+) figure}

Subtract the sum of C, D, E, F and G from the "SUBTOTAL" column. Any figure other than zero indicates a variance in accountability. Please explain any doses lost or gained in the "VARIANCE EXPLANATION" section.

NOTE: TRANSFER OF STATE-SUPPLIED VACCINE FROM ONE LOCAL HEALTH JURISDICTION TO ANOTHER SHOULD BE HANDLED AS FOLLOWS:

TRANSFERRED TO ANOTHER LHJ - DOCUMENT IN THE "DOSES RETURNED TO DOH" BOX.

RECEIVED FROM ANOTHER LHJ - DOCUMENT IN THE "DOSES RECEIVED DURING THE MONTH FROM DOH" BOX.

PRIOR TO TRANSFERRING DOSES TO ANOTHER LHJ PLEASE CONTACT THE DOH IMMUNIZATION PROGRAM @ (360) 664-8687.

**WASHINGTON STATE DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM**



**NUMBER OF DOSES OF PUBLIC SECTOR VACCINE ADMINISTERED
(REPORT STATE-SUPPLIED VACCINE ONLY)**

HEALTH DEPARTMENT: _____

MONTH: _____

VACCINE	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUP														TOTAL DOSES
	DOSE	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	UNK	
DT (PED)	1														
	2														
	3														
	4+														
DTaP	1														
	2														
	3														
	4+														
HEP A (PED)	1														
	2														
HEP B- (PED)	1														
	2														
	3+														
Hib	1														
	2														
	3														
	4+														
INFLUENZA	1														
	2+														
INFLUENZA PF (Syringe)	1														
	2+														
IPV	1														
	2														
	3														
	4+														
MMR	1														
	2+														
PCV7 - (Conj)	1														
	2														
	3														
	4+														
Pneumococcal (Poly)	1														
Td	1														
	2														
	3+														
VARICELLA	1														
	2+														

NUMBER OF DOSES OF VACCINE ADMINISTERED BY PRIVATE PROVIDERS
(Report State-Supplied Vaccine Only)

HEALTH DEPARTMENT				REPORTED BY				TELEPHONE				MONTH \ YEAR		
VACCINE	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUP													
	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	UNK	TOTAL DOSES
DT (Ped)														
DTaP														
Hepatitis A														
Hepatitis B														
Hib														
Influenza *														
Influenza PF (Syringe)														
IPV														
MMR * *														
PCV7 - (Conj)														
Pneumococcal (Poly)														
Td														
Varicella														

 (Signature of person responsible for vaccine management)

 (Date)

* Influenza - For children 2 years up to the 19th birthday at high risk due to chronic health condition or household contacts of children less than 24 months of age or persons in high risk categories.

** MMR - For students entering college who were born in or after 1957